

**Notice:** Information requested is required for the Department to determine if a landfill variance can be granted, per ch. NR 812, Wis. Adm. Code. Failure to provide all requested information may result in your application for a variance being denied. Personally identifiable information on this form will be used for administration of the water supply program, and will also be available to requesters under Wisconsin's Open Records law [s. 19.31-19.39, Wis. Stats.].

Chapter NR 812, Wisconsin Administrative Code, establishes uniform statewide standards for the construction and maintenance of water supply systems. Section NR 812.43(1), Wis. Adm. Code states in part:

*"When strict compliance with the requirements of this chapter is not feasible a variance may be requested..."*

**Well Owner Information**

Name: First			MI			Last			Facility Name (if any)			Daytime Phone Number			
Mailing Street Address and PO Box									Address of well (if different than owner)						
City				State		ZIP Code		City				State		ZIP Code	
List complete names of all property owners as they appear on the property title.															
Name (Other Property Owner)									Name (Other Property Owner)						
Name (Other Property Owner)									Name (Other Property Owner)						
Name of Well Driller, Well Contractor or Pump Installer (if known)															

**Legal Description of Property**

Complete legal description of property where water supply is/will be located as it is described in the property title. If a Certified Survey Map (CSM) has been recorded for the property, you must include the number of the survey map, the document number and the volume and page where it is recorded. If possible, please include a copy of the CSM with your application.

Gov't Lot #	1/4 - 1/4	1/4	Section	Township	Range	E/ W	City, Town or Village			County		
Subdivision Name							Lot Number			Block Number		

**Well Construction Information**

If variance request is for an existing well, include the following well construction information, if known. Include copy of well report if possible.

Well Type <input type="checkbox"/> Drilled <input type="checkbox"/> Driven Point <input type="checkbox"/> Other _____				Casing Depth			Total Well Depth			
Name of Owner Who Originally Had Well Drilled				Date		Constructed By			Unique Well Number	

Why is compliance with the 1200 foot separation requirement not feasible?

Site Drawing

- Sketch the property and location of the water supply. Include the scale of the drawing and direction and distance to nearest edge of landfill
- Attach any extra sheets of other information, which may be useful in describing your situation

(North)

SITE DRAWING

Applicant Certification

- DNR regional personnel may inspect this property to verify information provided and to determine comparable protection options. You may be contacted by phone for an appointment, or if more information is needed.
- NO CONSTRUCTION SHALL BEGIN UNTIL THE OWNER OR CONTRACTOR HAS RECEIVED A WRITTEN VARIANCE APPROVAL DOCUMENT.
- Written notification will be provided of approval or denial with 65 business days of receipt of this application, as provided by s. NR 812, Wis. Adm. Code.

I certify to the best of my knowledge the information provided in this application is true, complete, and correct. I understand that the information I provide will be used by the Department to determine if a variance can be granted and what construction specifications will be required to provide comparable protection. I further understand that in granting a variance the Department does not guarantee acceptable water quality or quantity.

Owner's Signature	Date Signed (mm/dd/yyyy)
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MAIL THIS APPLICATION TO: